



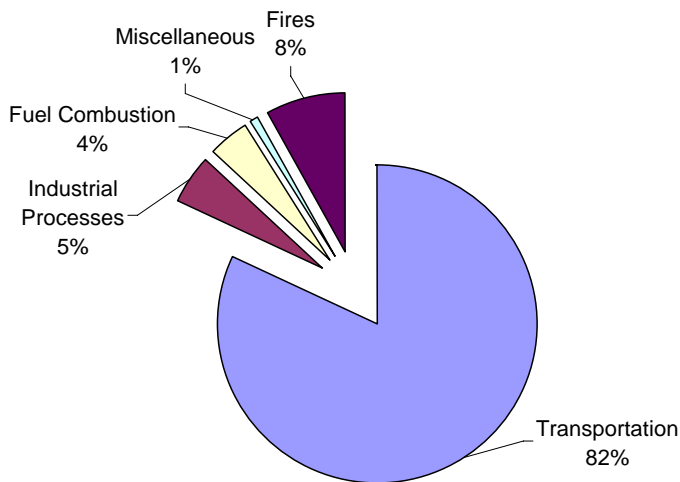
# 2008 Carbon Monoxide Summary

New Jersey Department of Environmental Protection

## NATURE AND SOURCES

Carbon monoxide (CO) is a colorless, odorless, poisonous gas formed when carbon in fuels is not burned completely. It is a by-product of motor vehicle exhaust, which contributes over 56 percent of all CO emissions nationwide. In cities, automobile exhaust can cause as much as 95 percent of all CO emissions, and high CO levels often coincide with morning and afternoon rush hours (Figure 4 on page 3). Non-road engines and vehicles, such as construction equipment and boats, are also significant sources of CO and overall the transportation sector is responsible for about 82% of all CO emissions nationally. Other sources of CO include industrial processes, fuel combustion in sources such as boilers and incinerators, and natural sources such as forest fires. Figure 1 shows the national average contributions of these sources.

**Figure 1  
National Summary of  
CO Emissions by Source Category**

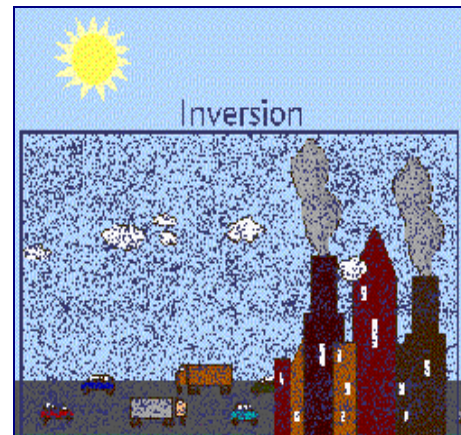
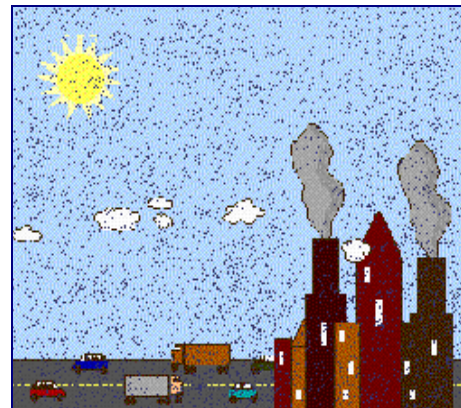


Source: United States Environmental Protection Agency  
[www.epa.gov/air/urbanair/co/what1.html](http://www.epa.gov/air/urbanair/co/what1.html)  
Updated: July, 2007

Figure 3 shows that CO levels are slightly higher in the winter and summer months. The summer increase may be due to seasonal vacation travel, while the winter increase may be due to atmospheric inversions which are more frequent during winter months. Inversions usually occur overnight when cooler air is trapped beneath a layer of warmer air aloft.

When this occurs, the inversion acts like a lid, preventing pollution from mixing in the atmosphere and effectively trapping it close to ground level (see Figure 2).

**Figure 2: Effect of Atmospheric Inversion on Air Pollution**



## HEALTH AND ENVIRONMENTAL EFFECTS

Carbon monoxide enters the bloodstream and reduces the body's ability to distribute oxygen to organs and tissues. The most common symptoms associated with exposure to carbon monoxide are headaches and nausea. The health threat from exposure to CO is most serious for those who suffer from cardiovascular disease. For a person with

heart disease, a single exposure to CO at low levels may cause chest pain and reduce that individual's ability to exercise. Healthy people are also affected, but only at higher levels of exposure. Elevated CO levels are also associated with visual impairment, reduced work capacity, reduced manual dexterity, decreased learning ability, and difficulty in performing complex tasks.

opposed to parts per million), and our standards are not to be exceeded more than once in any 12-month period. The state has set secondary (welfare based) standards for CO at the same level as the primary standards. The standards are summarized in Table 1.

## STANDARDS

There are currently two national primary, or health based, standards for carbon monoxide. They are set at a one-hour concentration of 35 parts per million (ppm), and an 8-hour average concentration of 9 ppm. These levels are not to be exceeded more than once in any calendar year. There are no national secondary (welfare based) standards for CO at this time.

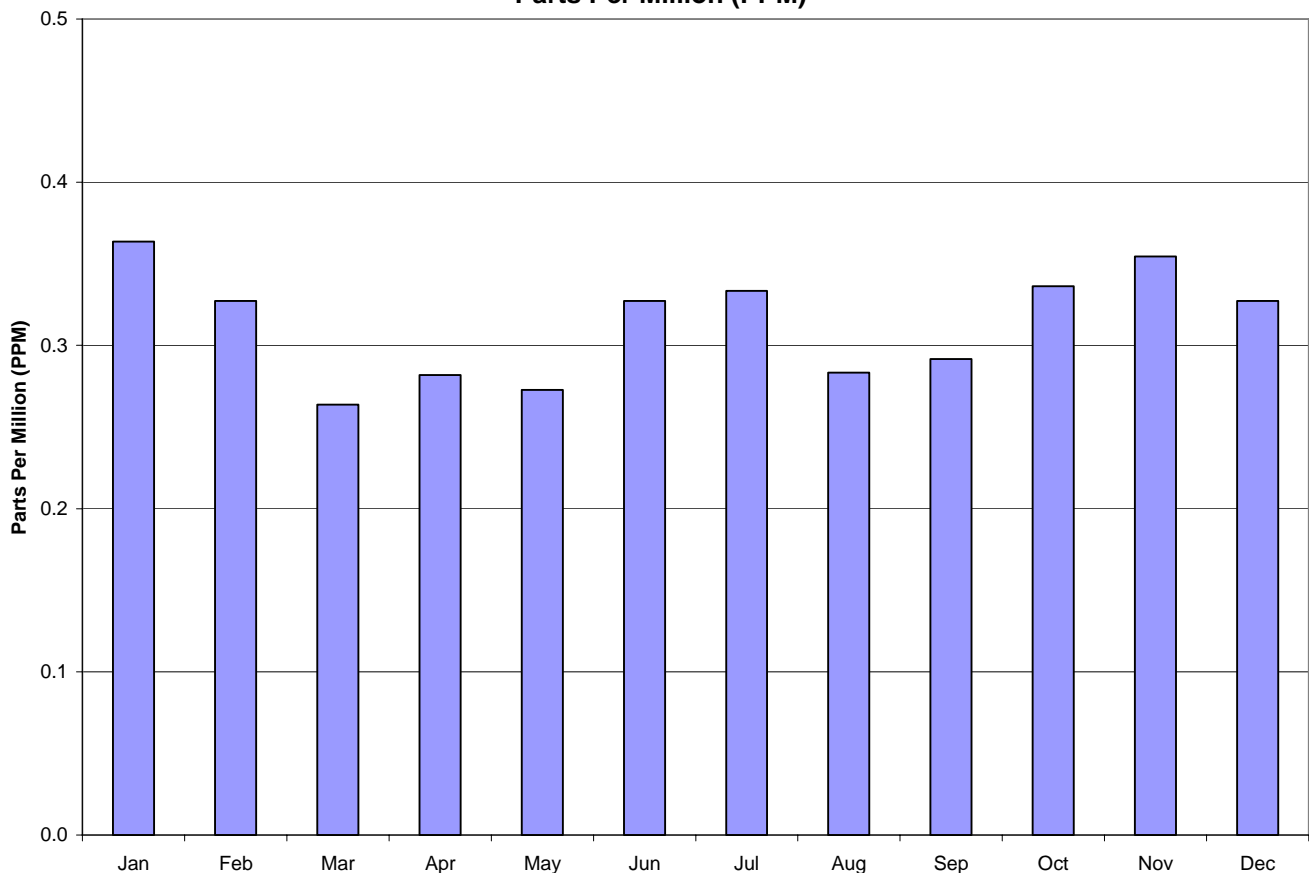
New Jersey state standards for CO are based on different units (milligrams per cubic meter as

**Table 1**  
**National and New Jersey Ambient Air Quality Standards for Carbon Monoxide**

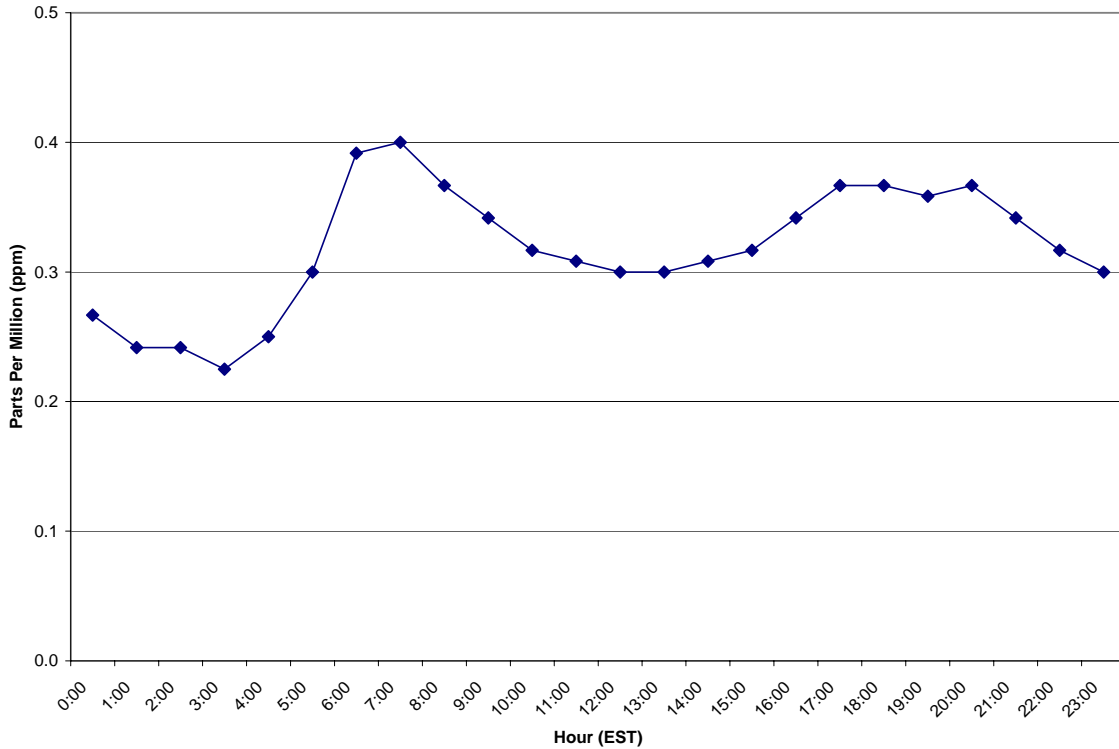
mg/m<sup>3</sup> = Milligrams Per Cubic Meter  
ppm = Parts per Million

Averaging Period	Type	New Jersey	National
1-Hour	Primary	40 mg/m <sup>3</sup> (35 ppm)	35 ppm
1-Hour	Secondary	40 mg/m <sup>3</sup> (35 ppm)	----
8-Hour	Primary	10 mg/m <sup>3</sup> (9 ppm)	9 ppm
8-Hour	Secondary	10 mg/m <sup>3</sup> (9 ppm)	----

**Figure 3**  
**2008 Carbon Monoxide Concentrations – New Jersey**  
**Monthly Variation**  
**Parts Per Million (PPM)**



**Figure 4**  
**2008 Carbon Monoxide Concentrations – New Jersey**  
**Diurnal Variation**  
**Parts Per Million (PPM)**



## MONITORING LOCATIONS

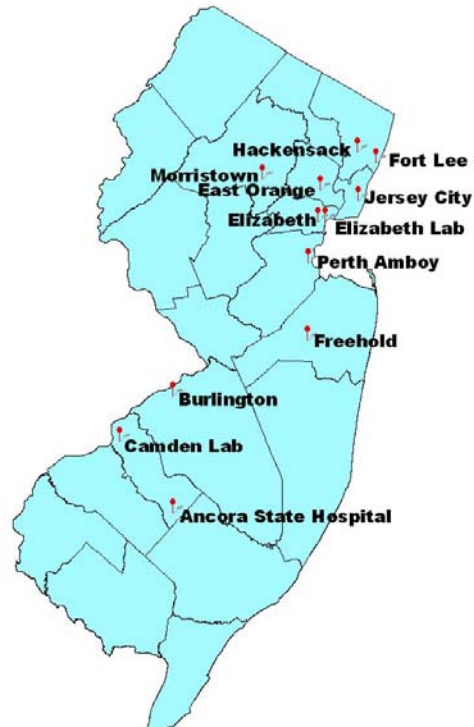
The state monitored CO levels at 12 locations in 2008. These sites are shown in the map in Figure 5.

Elizabeth site resumed operation on July 1, 2008 after major renovations were completed at the site. The Camden Lab station was shut down on September 28, 2008 because the NJDEP lost access to the station. The NJDEP is actively pursuing the establishment of a new monitoring station in Camden.

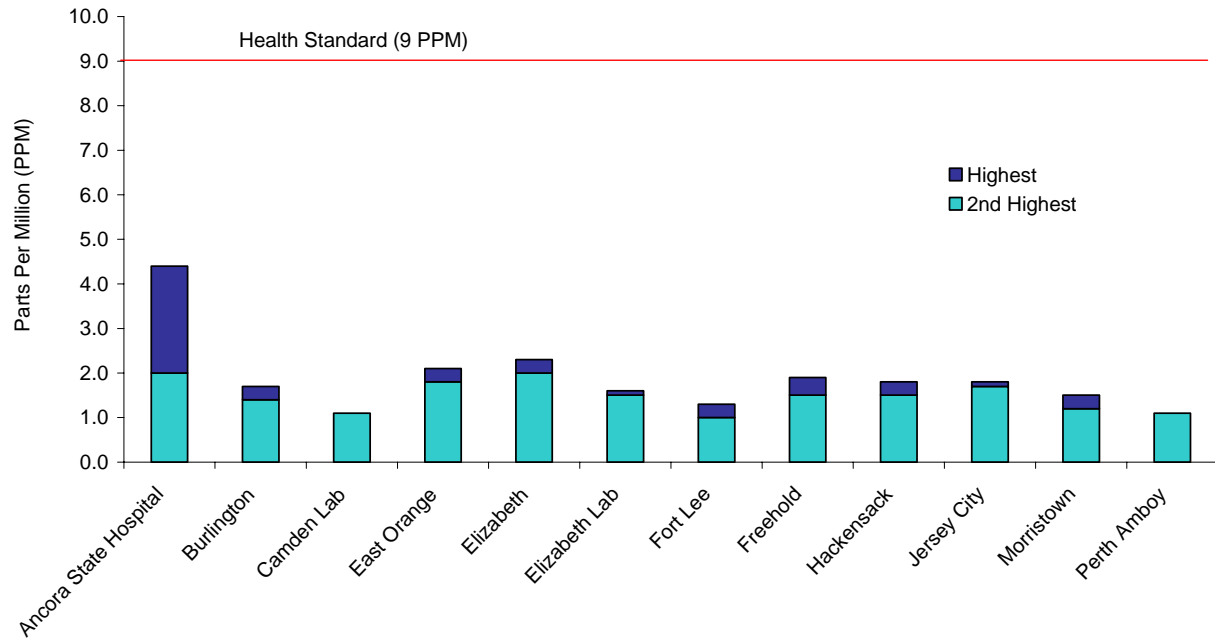
## CO LEVELS IN 2008

None of the monitoring sites recorded exceedances of any CO standard during 2008. The maximum one-hour average concentration recorded was 5.9 ppm at the Ancora State Hospital. The highest 8-hour average concentration recorded was 4.4 ppm at the Ancora State Hospital site. Summaries of the 2008 data are provided in Figure 6 and Table 2 (page 4).

**Figure 5**  
**2008 Carbon Monoxide**  
**Monitoring Network**



**Figure 6**  
**Highest and 2nd Highest 8-Hour Averages**  
**Of Carbon Monoxide in New Jersey – 2008**  
**Parts Per Million (PPM)**



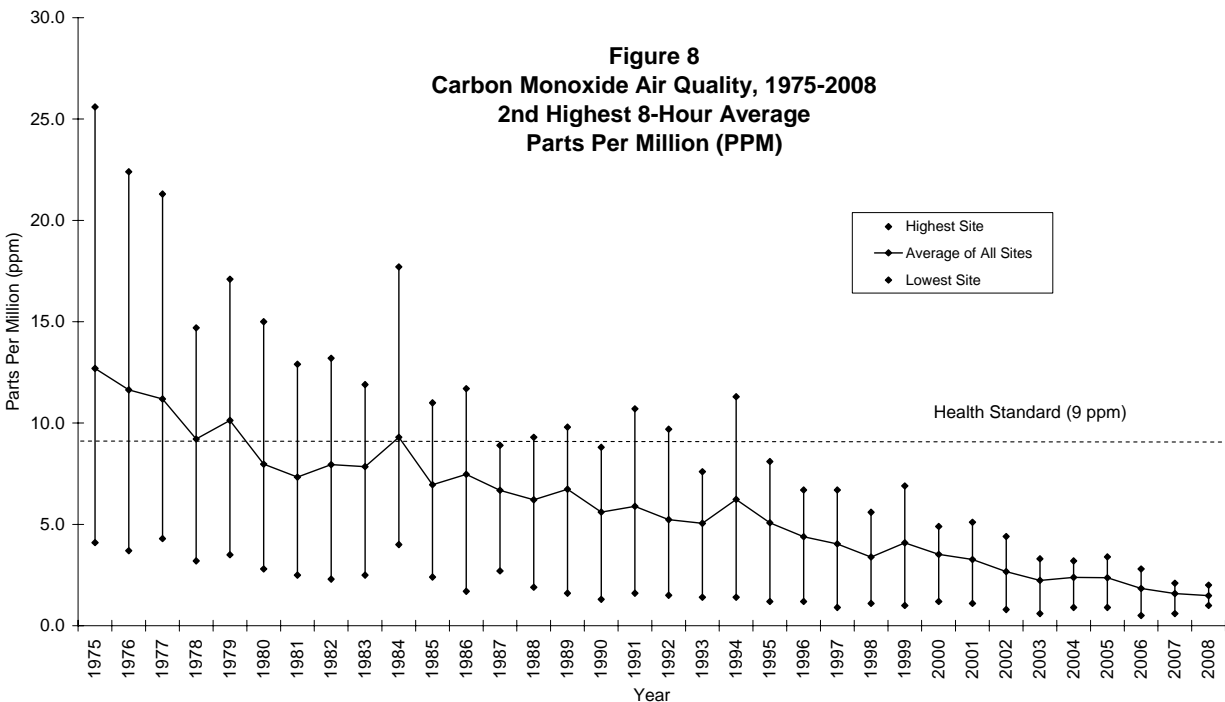
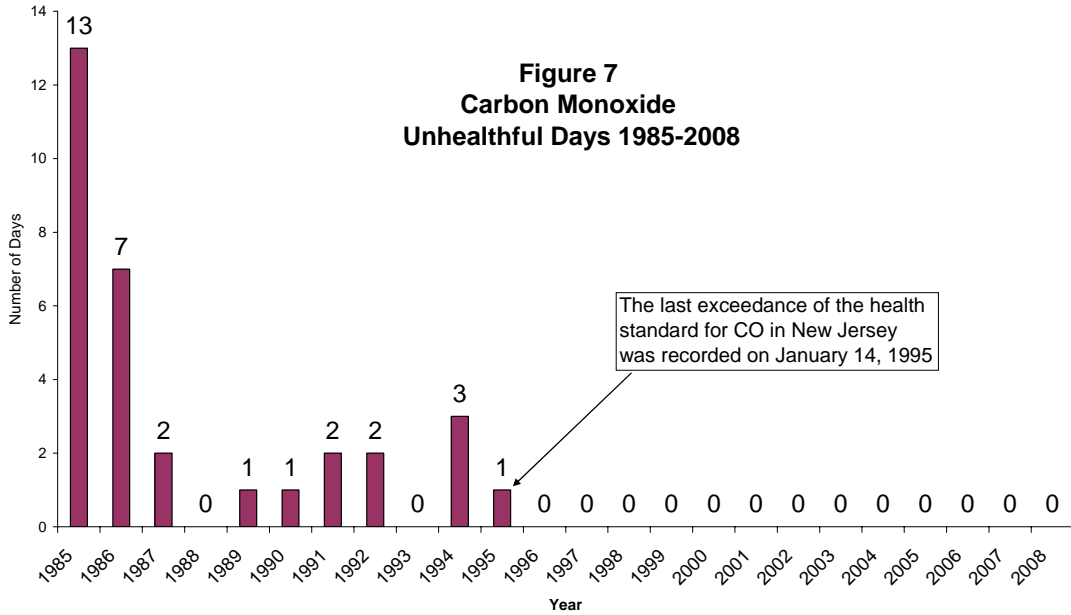
**Table 2**  
**Carbon Monoxide Data – 2008**  
**1-Hour and 8-Hour Averages**

Parts Per Million (ppm)  
 1-hour standard = 35 ppm  
 8-hour standard = 9 ppm

Monitoring Sites	Maximum 1-Hour Average	2 <sup>nd</sup> Highest 1-Hour Average	Maximum 8-Hour Average	2 <sup>nd</sup> Highest 8-Hour Average
Ancora State Hospital	5.9	5.6	4.4	2.0
Burlington	3.7	2.7	1.7	1.4
Camden Lab	2.2	2.1	1.1	1.1
East Orange	2.7	2.6	2.1	1.8
Elizabeth	3.4	3.1	2.3	2.0
Elizabeth Lab	3.0	2.5	1.6	1.5
Fort Lee	1.7	1.5	1.3	1.0
Freehold	3.4	3.4	1.9	1.5
Hackensack	2.4	2.2	1.8	1.5
Jersey City	2.4	2.1	1.8	1.7
Morristown	2.3	1.9	1.5	1.2
Perth Amboy	2.0	1.8	1.1	1.1

# Trends

Carbon monoxide levels have improved dramatically over the past 20 years. The last time the CO standard was exceeded in New Jersey was in January of 1995 (Figure 7), and the entire state was officially declared as having attained the CO standard on August 23, 2002. At one time, unhealthy levels of CO were recorded on a regular basis. The reduction in CO levels is due primarily to cleaner running cars, which are by far the largest source of this pollutant. A trend graph of CO levels showing the maximum, minimum, and average concentrations recorded since 1975 is provided in Figure 8. The graph depicts the second highest 8-hour value recorded; as this is the value that determines if the health standard is being met (one exceedance per site is allowed each year).



## REFERENCES

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